of affording relief. Thirty-two pounds of a tolerably clear, greenish-coloured, opalescent fluid were drawn off, and on examination was found to be of alkaline reaction, and of sp. gr. 1035. It abounded in alkaline and chlorides; there was no colouring matter of blood nor phosphates.

After the operation, the dislocated organs, the liver and heart, returned to their normal position. The abdomen continued somewhat enlarged, and percussion indicated that some fluid still remained in the cyst. The uterus, which had been high up and immovable, was now easily reached and moved. The pains after two days disapppeared, and she was discharged, with an injunction to return after some time to show herself.

Her condition after one year and twenty days is thus described: Her appearance is blooming; the abdomen not in the least increased in size; the most carefully conducted percussion fails to discover any abnormal dulness; palpation detects no fluctuation; no remains of the cyst exist; the uterus is normal; menstruation natural, and the pains of which she complained have not returned.

No doubt could be entertained that in this case radical cure was attained by the simple operation of tapping.—*Dublin Hosp. Gaz.*, Aug. 15, 1858, from *Wockenblatt der Zeitschrift der k. k. Gesellschaft der Aertze zu Wien.*

32. *Carcinomatous Growth removed by a Pen and Escharotics.*—Prof. Simpson showed to the Medico-Chirurgical Society of Edinburgh (May 5, 1858) a carcinomatous growth which he had removed by applying to it, with a common pointed goose-quill, a thickish paste, made of commercial sulphuric acid and sulphate of zinc. The paste was taken up like a drop of ink in the pen, and laid in a line along the skin covering the tumour. The caustic immediately whitened and decomposed the external surface of the skin, and the decomposed tissue was scraped through with the point of the pen. By a succession of similar applications and scrapings, the skin and a portion of the underlying cellular tissue was cut through in a very few minutes; and two days afterwards the mass of the exposed tumour was divided and destroyed by the pen and caustic in the same way. If the tumour had been larger, a number of lines of escharotics could be sunk down in this same manner into the basis of the mass. The patient, who had had a tumour removed in England last year from the same spot by the knife, averred the pain of the caustic and pen was by no means great; but the sensitiveness of different patients was very different. After the dead tumour and dead surrounding tissue began to separate, the edges of the wound took on a rapid cicatrizing action, and pushed the decomposed mass out in a mushroom-like form. By the time it fell out, there was only a comparatively small circular sore left.—*Edinburgh Medical Journal*, July, 1858.

33. *Treatment of Ulcers by Caustic Lint.*—M. Riboli has conceived the idea of dissolving nitrate of silver in a small quantity of water, soaking pledgets of lint in the solution, and drying them. This caustic lint, applied to ill-conditioned ulcers, produces a more permanent effect than the remedy in a liquid state; and as the author proposes different degrees of concentration for the solution, the activity of the treatment may be varied according to the nature of the case, and more or less advanced stage of the affection.—*Bull. Gén. de Thérap.*, April 30, 1858.

34. *Metallic Sutures and Metallic Ligatures.*—Prof. Simpson showed to the Edinburgh Medico-Chirurgical Society (May 5, 1858) a large fibroid tumour, extracted last month from the mamma. It was, he believed, the first instance in which metallic ligatures were ever used in the human subject to tie the vessels laid open in a surgical operation. In this case Professor Simpson used a thread of platinum for this purpose. The lips of the wound were united also by a suture of platinum wire. Dr. Sims, of New York, had lately earnestly pleaded the advantages of silver wire as a thread for surgical sutures, and as forming a material less irritating than silk, hemp, etc. But, if a metallic suture were of value in this respect, Professor Simpson argued that metallic ligatures to the cut vessels (a subject not alluded to by Dr. Sims) ought to be of still

greater moment in relation to the healing of wounds by the first intention. The silver wire employed by Dr. Sims (No. 29) was too rigid to make a small knot, such as was required for the ligatures of vessels. Professor S. had used platinum, as more tenacious and pliant than silver. Perhaps copper alone, or covered with silver or gold, would be found as good, and much cheaper; and possibly slender threads of wire would, on experience, turn out the best, as well as the cheapest, for both sutures and ligatures.—*Edinburgh Medical Journal*, July, 1858.

35. *Size of Male and of Female Larynx.*—Dr. STRUTHERS states (*Ed. Med.-Chirurg. Soc. Proceedings*), that he has been in the habit of showing his pupils that a shilling, and sovereign, are arrested in the male larynx, and a sixpenny piece, and half-sovereign, in the female larynx, at the same spot. They readily pass into the upper larynx, and, by falling straight in the middle line, might pass partly through the rima glottidis; but are firmly arrested just below this, so that the upper edge projects up through the rima, and is within the touch and reach of forceps. The male trachea is large enough to allow a shilling to move up and down in it, though not freely, but the amount of direct finger force necessary to push the coin through the lower larynx, is such that the passage could not occur in the living body. A shilling measures eleven lines, a sovereign nearly a line less. A sixpenny and half sovereign measure nine lines.—*Edinburgh Medical Journal*, July, 1858.

## OPHTHALMOLOGY.

36. *On the Influence of the Cervical Portions of the Sympathetic Nerve and Spinal Cord upon the Eye and its Appendages.*—Dr. JOHN W. OGLE read a paper on this subject before the Royal Med. and Chirurg. Soc., June 22.

The main object of this paper was the application to clinical medicine of the various experiments which have from time to time been performed, as showing the influence possessed by the sympathetic in the neck and the upper part of the spinal cord upon the iris and upper eyelid. Experiments and dissection as regards the lower animals have shown that the curtain of the iris, containing as it does two sets of muscular fibres, a circular set by which the pupil is contracted, and a radiating set by which it is enlarged, is under the domination of two separate and distinct sources of innovation. The third cranial nerve is found to control the circular or contracting fibres, and the sympathetic, by virtue of communication with the lenticular ganglion, is found to control the dilator or radiating fibres. Hence if the influence of the third pair be destroyed, the pupil becomes dilated, inasmuch as the dilator fibres, those presided over by the sympathetic, are unopposed; again, if the influence of the third cranial pair be left unimpaired, and that of the sympathetic be destroyed by section or extreme pressure, then the pupil becomes contracted. The author dwelt upon the history of the various experiments upon which the above statements are made, and also upon those from which it is concluded that in certain parts of the spinal cord resides the power or influence which acts upon the dilator fibres of the iris passing to that structure through the sympathetic viâ the roots of certain cervical and dorsal nerves. From these latter it is apparent that the same paralysis of the dilator fibres of the iris which follows section of the sympathetic in the neck follows also the severance of such fibres as connect the sympathetic with the spinal cord, as also the section or destruction of the spinal cord itself in certain parts. Accordingly it might naturally be expected that any cause of extreme pressure acting upon the various portions of the nervous system before alluded to would, as in the various experiments before adduced, cause a contracted state of the pupil on the side corresponding to that on which the extreme pressure existed. And thus it was that Dr. Gairdner, of Edinburgh, first sought to explain those cases in which, along with an intra-thoracic aneu-